

APPLICATION FOR REFERRAL

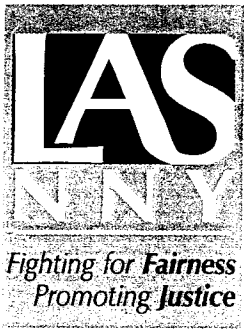
10/01

1. I, _____ hereby apply to the Private Attorney Involvement (PAI) Program, of the Legal Aid Society of Northeastern New York (LASNNY) to refer my case, if possible, to a volunteer private attorney (hereinafter Attorney) for representation. I understand that PAI program/LASNNY does not represent me in my case, and can only try to refer my case to a private attorney. I understand that the PAI program is not obligated to refer my case to more than one attorney.
2. If a PAI attorney accepts my case, representation will be without fee. However, I understand I will be responsible for paying court costs and other out-of-pocket expenses if I am able to do so. I will advise my PAI attorney if I am unable to pay filing fees and costs so that s/he can seek a waiver or an advance from LASNNY. This waiver or advance does not apply to any Bankruptcy cases.
3. Eligibility for referral is based in part on my income and property. I certify that the information I have given to LASNNY and the Attorney is correct to the best of my knowledge. The eligibility information I have provided is confidential and will not be released by the PAI program or the Attorney without my permission.
4. I will keep the Attorney or the PAI program informed of my current mailing address, telephone number, and household size. I understand that failure to do so may result in PAI's withdrawal from involvement in my referral and/or the Attorney's withdrawal from representation. I will inform the above Attorney or the PAI program of any changes in my financial situation and of any new developments in my case.
5. If, at any time, I am not satisfied with the representation or service being provided by the above Attorney or the PAI program, I may complain in writing, within 180 days, to Lillian M. Moy, Executive Director of the LASNNY/PAI Program.
6. The above attorney or the PAI program may withdraw from representation due to a change in my financial circumstances when non-prejudicial and permitted by the Code of Professional Responsibility.
7. I certify that I am a citizen/legal resident (**please circle or underline appropriate choice**) of the United States. If at any time my status should change, I will inform LASNNY/PAI program.
8. I agree that LASNNY may disclose to auditors or monitors from the Legal Services Corporation or a related federal departmental agency, such information as is required to be disclosed by law, including financial records, time records, retainer agreements, client trust funds and eligibility records, and my name. By agreeing to the disclosure required by federal law, I do not waive the attorney-client privilege as to any additional records or parties.
9. I have read or have had read to me the above Application and understand it. I have been given a copy of this Application for my information.

Signature

Date

RETURN THIS COPY TO THE PAI PROGRAM
IN THE ENCLOSED ENVELOPE.



**Legal Aid
Society**
of Northeastern
New York, Inc.

55 Colvin Avenue, Albany, New York 12206
(518) 462-6765 • (800) 462-2922 • Fax (518) 427-8352

*This office serves Albany, Columbia, Greene, Rensselaer and
Schenectady Counties*

Jeffrey S. Baker
President

Lillian M. Moy
Executive Director

Peter D. Racette
Deputy Director

Wendy Wahlberg
Deputy Director

DISPOSITION FORM/AFFIRMATION OF PRO BONO SERVICES

Attorney Name and Address:

RE:

Legal Aid Case #:

Type of Case:

PRO BONO CLE PROGRAM:

PAI Referral Program or _____
Pro Se Divorce Clinic _____

Case Accepted _____ Case Rejected _____

DATE OF ASSIGNMENT:

Pending _____ Closed _____

For closed cases only:
Hours spent on case _____

PLEASE STATE OUTCOME:

Can this case be closed as counsel and advice Yes _____ No _____

Brief description of the advice/services provided and outcome of case:

I hereby affirm that I have performed the above-stated number of hours of legal services for the above-referenced client, and that such service was uncompensated.

Date _____ Signature _____

LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC.
PRIVATE ATTORNEY INVOLVEMENT (PAI) REGISTRATION

Welcome to the Legal Aid Society's PAI Program. Please take a few minutes to fill out this registration form to help facilitate the referral of cases to you.

Please let us know how many pro bono civil legal matters you will accept from the Legal Aid Society per year (Please check one.)

☐ 1 case/year ☐ 6-10 cases/year
☐ 2-5 cases/year ☐ Over 10 cases/year

In which areas of law will you agree to accept referrals?
(Check all that apply)

<input type="checkbox"/> ANY AREA	<input type="checkbox"/> Divorce
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Separation Agreements
<input type="checkbox"/> Consumer	<input type="checkbox"/> Health
<input type="checkbox"/> Employment (Other than UIB)	<input type="checkbox"/> Health care proxies
<input type="checkbox"/> Family	<input type="checkbox"/> Housing
<input type="checkbox"/> Custody	<input type="checkbox"/> (Other than eviction)
<input type="checkbox"/> Support	<input type="checkbox"/> Evictions
<input type="checkbox"/> Visitation	<input type="checkbox"/> Foreclosure
<input type="checkbox"/> UIB	<input type="checkbox"/> SSI
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Wills/Estates
<input type="checkbox"/> Education	<input type="checkbox"/> Medicare
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Incorporation
<input type="checkbox"/> Other (Specify):	

Listed below are the counties that we serve. Please check the counties from which you can accept referrals. (Check all that apply.)

<input type="checkbox"/> Albany	<input type="checkbox"/> Clinton	<input type="checkbox"/> Columbia
<input type="checkbox"/> Essex	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton
<input type="checkbox"/> Greene	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Montgomery
<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Schenectady
<input type="checkbox"/> Schoharie	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Warren
<input type="checkbox"/> Washington		

Do you speak a language other than English?

☐ Yes ☐ No

If so, what language(s): _____

5. How many years have you practiced? _____

6. Practice setting:

<input type="checkbox"/> Sole practitioner	<input type="checkbox"/> Over 25 attorney firm
<input type="checkbox"/> 2-5 attorney firm	<input type="checkbox"/> Government
<input type="checkbox"/> 6-10 attorney firm	<input type="checkbox"/> Corporation/business
<input type="checkbox"/> 11-25 attorney firm	<input type="checkbox"/> Retired
<input type="checkbox"/> Other (specify)	

7. LAS, in addition to paying for out-of-pocket expenses for referred cases, provides other assistance to its pro bono volunteers, including a Certificate of Indigence and professional liability insurance secondary to any malpractice insurance you may have. Please let us know if you are interested in the following assistance:

☐ CLE as authorized by OCA rules
☐ Training (Specify area(s)): _____
☐ Co-counseling with experienced LAS attorneys
☐ "How-to" forms and materials (specify areas): _____
☐ Use of LAS law library
☐ Access to LAS pleadings/form files/brief bank
☐ Consultation with LAS legal staff
☐ Case law updates (specify areas): _____

8. Legal Aid would welcome your help in other ways beside accepting referral of cases. In which other ways can you help?

☐ Recruit other pro bono attorneys
☐ Educate poor people to their legal rights and responsibilities
☐ Train LAS staff or other private attorneys (Specify area of law or skill): _____
☐ Mentor a less experienced attorneys
☐ Assist with Pro Se Clinics
☐ Advise LAS staff regarding the handling of cases (Specify areas) _____
☐ Assist in the creation of community legal education materials or training materials.

Name: _____

Address: _____

Phone: _____

Date: _____

Law Firm: _____

City/State/Zip: _____

Fax: _____ **Email:** _____

Signature: _____

PLEASE MAIL THE COMPLETED FORM TO: Kristie M. Cinelli, LASNNY, 55 Colvin Avenue, Albany, NY 12206.
Phone: (518) 689-6322; Fax: (518) 427-8352; Email: kcinelli@lasnny.org

Thank You For Your Commitment.